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MISCELLANEOUS.

Common Sense vs. True and False Hypnotism.

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Read before Kansas Medical Society, May, 1895.

The peculiar mental state into which some individuals can voluntarily place themselves, familiarly known now as hypnotism, has been recognized by some of the earliest writers, and existed several thousand years ago among the Persian Magi, as well as up to the present day among Indian Yogis and Fakirs. The means used by the Persian Magi and Egyptian sorcerers to induce the hypnotic state, was the same as that made use of to-day: fixation of gaze at some object.

The belief has perhaps always existed, that particular individuals could influence others by the exercise of certain powers that could be used for good or evil, as in the cure by the royal touch in the Middle Ages, and the theory of sorcery and witchcraft.

Toward the end of the Middle Ages a system presents itself, which was developed out of the doctrine of astrology, that not only did the stars influence men, but that men also mentally influenced each other.

The Scotchman Maxwell, about 1600, assumed a vital spirit of the universe, and this vital spirit seems to be the same thing which Mesmer calls the universal or magnetic fluid.

Although the foundation of animal magnetism was thus laid, universal attention was first drawn to it by Mesmer, a Vienese doctor. His theories were discussed by the Paris Academy of Medicine in 1840, and they found that the magnetic fluid had no existence. They did not deny that great effects were produced by the imagination. In 1814 the Abbe Faria showed by experiment that no unknown force was necessary in the production of the phenomena; the cause of the sleep, he said, was in the person to be sent to sleep. In 1814 Braid showed that the phenomena could be obtained by carefully fixing the eyes upon any object; and Grimes, an American, independently of Braid, obtained like results from a similar method.

The belief that one person can influence another except by acting upon the imagination has been discarded by all scientific men. "A direct mesmeric influence is a myth in opposition to all physiological knowledge."

The childish things believed in by our ancestors in regard to animal magnetism, have been put away by the "common sense" of the present generation, and we now know that the peculiar mental state in which we find the phenomena of hypnotism is wholly the result of an excited imagination, and self-induced, either by auto-suggestion, or by the suggestion of an operator in sensitive subjects.

Admitting the hypnotic phenomenon, we will define what it is, notice briefly its different phases, and attempt to show who are susceptible to its effects.

"Hypnotism is a morbid mental state characterized by: (1) perversion or suspension of consciousness; (2) abeyance of volition; (3) automatic response to command or external sense impressions; (4) intense concentration of nervous force in some particular direction." Let us now notice briefly its different phases.

We will find in the history of somnambulism, trance, catalepsy and ecstacy, all the phenomena described in the above definition. Somnambulism and hypnotism are

used synonymously, and authors state that it is a condition similar to hypnotism, and can be induced artificially.

Trance, hypnotism, and mesmerism are used synonymously, or artificially. Catalepsy is regarded as a simple neurosis, and a symptomatic manifestation common to several nervous affections, notably hysteria, somnambulism, hypnotism, trance and ecstacy, which have been known to succeed each other, turn by turn, in the same subject, and may be produced artificially in subjects predisposed.

The condition of ecstacy is evidently only another of the protean manifestations of the hypnotic state. States of ecstacy occur in the self-mesmerized, also in hysteria. This state may be voluntarily induced, and artificial ecstacy may be produced at will in those sensitive to hypnotic attacks.

Who are susceptible to its effects? Being a morbid, nervous phenomenon, it will only occur in the degenerate, hysterical and neurasthenical, and in healthy persons, who from transient cause such as illness, exhaustion, or any mental shock, have been temporarily weakened.

We find that a condition of morbid sensitiveness underlies somnambulism, and that trance occurs in the hysterical, those of sensitive nervous organization, of deficient education, and weak will power; and that catalepsy is common to several nervous affections, notably hysteria, somnambulism and ecstacy; and that ecstacy occurs in persons of a neurotic temperament, of narrow intelligence, of emotional disposition. The predisposition to these states may be latent, and may be developed by persistent efforts to hypnotize.

In the morbid mental states described will be found the phenomena of true hypnotism, whether spontaneously or artificially produced. Many authors rightfully assert that the production of hypnotism is injurious, that it is apt to produce evil effects on the organism, and that it especially favors and develops tendencies to hysteria. The identity of the true hypnotic phenomena, and the states described, would favor that conclusion.

Dr. Hart, who is said to be a very impartial writer on this subject, admits the hypnotic condition, and declares that its practice, except by skilled physicians, should be forbidden, and affirms its therapeutic uselessness.

Many authors also assert that the hypnotic state produces no evil effects, and that the majority are susceptible to its influence, and that the neurotic element is not necessary in its production. This contradiction of statements arises from the different theories of what the true hypnotic state is.

We will now endeavor to illustrate the phenomena of false or feigned hypnotism.

Dr. Moll, in illustrating the effects, takes a young man of twenty, gives him a button to look at, and in three minutes he cannot open his eyes or unclasp his hands. He remembers all the doctor said. In a second experiment, on a woman of fifty-three, he hypnotizes her in ten minutes, and she cannot open her eyes; her arm when raised remains in the air; and when told that she cannot drop her arm, is unable to do so. She cannot pronounce her own name when assured she is dumb. He awakens her by reverse passes. In a third experiment, he requests a boy of sixteen to look him straight in the eye, and after a short time he draws him along by the hand, their eyes remaining fixed on each other. He raises his right arm, the boy does the same; the left arm, and the boy does the same; he causes him to kneel down, but he cannot rise as long as he looks at him; when he ceases to look at him the charm is broken.

In a fourth experiment, a man forty-one years old is told to go to sleep, and he makes the usual suggestion. He tells him he cannot open his eyes, and he fails to do so. He lifts his arm, and it remains in the air. The doctor asks him if he is fast asleep, and he says "Yes." "Do you hear the canary singing?" "Yes." "Now you hear the concert?" "Certainly." He takes a black cloth and puts it in his hand, and says: "You feel this dog quite plainly?" "Quite plainly." He arouses him by saying "wake up," and says he only remembers going to sleep; of what happened during sleep he knows nothing."

Dr. Moll says that hypnosis is the state in

which the subjects were thrown in the above experiments, and that "if a suggestion takes effect, from the point of view of hypnotism the subject is under the influence of suggestion." I have quoted four of the different methods of inducing hypnosis, out of about twenty, and have given examples of what many authorities now believe to be a hypnotic state, and in which almost any absurd suggestion will frequently be complied with. In these cases we have good grounds for questioning any mysterious phenomena, and are justified in believing that deceit has been practiced by the subjects. It appears to me that the educated common sense of to-day cannot be asked to believe the absurd actions and statements of the subjects to be due to hypnotic influence, but due rather to the natural, and in many instances mischievous, desire to act out the suggestion of the operator. Dr. Earnest Hart, writing in the October *Century* of 1894, dwells at length upon what he terms the "eternal gullibility" of humanity. His conclusions are mainly drawn from the confession of one individual who simulated the hypnotic state in public for the purpose of obtaining money.

My conclusions are drawn from an interview with forty intelligent individuals who submitted to the hypnotic experiment, and who acted in every respect in accordance with the teachings of all hypnotists from Braid to Moll. The operators believed they were thoroughly hypnotized, as also did the spectators at the public and private seance, yet not one was under the influence. The credibility of these witnesses cannot be questioned.

In 1874 I saw a young man at a public exhibition act upon the suggestions of the operator in such a perfect manner that the audience believed him to be thoroughly hypnotized, and he stated afterward that he had no remembrance what he did. I inquired of him as to his true condition, and he finally confessed to me that he was under no influence whatever but his own will, and that he had agreed with the operator to take a leading part.

In 1894 a well known hypnotist attempted to give a public exhibition in my town, but failed completely. The subjects did not work well, and persisted in opening their eyes, unclasping their hands and lowering their arms, etc., even when they were told that they could not, to the great discomfiture of the operator.

I submitted to an operator in order to test the effect by a personal experience. He held a bright light close to my eyes and commanded me to sleep. I slept, apparently, and yielded to every suggestion that was made, yet I was under no influence whatever but my own will, and could obey or disobey any suggestion at pleasure.

At a private entertainment a number of business men, and several ladies, yielded to the subtle power, and performed their parts in a creditable manner, yet claimed they were not hypnotized. At a public exhibition when subjects were called for a number of the business men and also several ladies went upon the stage, submitted to hypnosis, acted their part, and in the midst of one of the most characteristic hypnotic performances, while the professor's face was wreathed in satisfactory smiles, all, at a given signal, walked off of the stage. It would be hard to imagine the consternation of the professor(?), and when an explanation was called for, he mumbled something about taking his mind off of them. I do not doubt that all of these subjects were as thoroughly hypnotized as any of Dr. Moll's.

In a public lecture on hypnotism I attempted to demonstrate the error of the position assumed by many authors to be the hypnotic state. I practically illustrated the different methods of inducing hypnosis, and had over twenty subjects at one time apparently hypnotized.

The experiments of Dr. Moll, Dr. Cocke, the two latest authorities on the subject, and also the experiments of other reputable authorities, were faithfully performed, and the entire audience were satisfied that the hypnotic phenomena was as genuine as any that had been previously witnessed. I have carefully inquired of over forty subjects that were apparently under hypnotic influence as to their mental state at the time, and all but two positively declared that they were

under no influence whatever but their own desires to play a part. Of the two who professed hypnosis, both refused to act certain parts that were disagreeable to them, thus proving that they were acting at pleasure.

Dr. Moll, on page 78, says: "One of the best known features in hypnosis is rigidity of the whole body. There is sometimes a complete tonic contracture of nearly all the voluntary muscles, through which the head, neck, trunk and legs become as stiff as a board. A well known experiment can be carried out in this state; the head can be placed on one chair and the feet on another, and the body will not double up. A heavy weight, that of a man, for example, may even be placed upon the body without bending it. It is not astonishing after what I have said of the effect of mesmeric passes, that this stiffening should be more easily induced by their means. It cannot always be induced by mere verbal suggestion. A command, or a sign from the experimenter, generally suffices to put an end to the rigidity." The only thing astonishing about this statement is that Dr. Moll should think it is "one of the best known features in hypnosis," and that "it cannot always be induced by mere verbal suggestion," but "requires mesmeric passes."

I had medium-sized men, without mesmeric passes, placed in the position Dr. Moll requires, and one held up a weight of 600 pounds; another, a weight of 500 pounds, and a thirteen-year-old boy, who only weighed 107 pounds, held up 300 pounds. In this experiment I agree with Dr. Moll's statement in one particular, that a "command or sign generally sufficed to put an end to the rigidity." They were all glad to relax. I wish to call attention to the fallacy of Dr. Carpenter's statement on page 128 of "Mesmerism, Spiritualism, etc.," and page 606 of his "Mental Physiology," in which the following statement occurs of hypnotic phenomena: "It was by the artificial induction of a like state of concentrated effort, coupled with the assurance of easy success ('It will go up like a feather'), with which he had completely possessed his subject's mind, that Mr. Braid, in my presence, enabled a man so remarkable for the poverty of his physique that he had not for many years ventured to lift a weight of twenty pounds, to take up a weight of twenty-eight pounds on his little finger, and swing it around his head with the greatest apparent ease. Neither Mr. Braid nor his son, both of them powerful men, could do anything like this, and I could not myself lift the same weight on my little finger to more than half my own height. Trickery in this case was obviously impossible."

After reading this statement I tried this feat, and easily performed it. I had twenty men, none hypnotized, many of them only medium sized, and some past the prime of life and of such poor physical development that I doubted very much their ability to perform the feat, try it, and all easily performed it. I assured one that he could not lift the weight of a handkerchief, and he failed to do so after persistent effort. I then assured him he could swing the twenty-eight pounds around his head on his little finger, and he easily did so. Almost twice the weight, fifty-two pounds, was then swung around the head on the little finger by three men, none of them athletes. One of the three was a small man, and I had doubted his ability to swing the twenty-eight pounds, as he did not have the appearance of a man of even average strength; but to my surprise he handled, in the same manner, the fifty-two pounds. None of these men were gymnasts, and not one had ever before attempted this feat. The inquiry naturally arises, if the Englishmen, Dr. Baird and his son, were both powerful men, and could not perform this feat, what adjective would Dr. Carpenter use to express the strength of our Kansas boys. A common-sense process of reasoning would cause us to infer that, as he was very much mistaken in his conclusions in the one case, he was also mistaken in the other, and that there was no hypnotism about it, but a simple feat that almost any one can perform. I demonstrated that dull hat pins could be run through the flesh without hypnosis, and apparently without pain. This simple operation is usually made use of by traveling hypnotists as a

climax and the most convincing of their experiments.

In the recognition of pictures on cards by supposed hypnotic subjects, there is always an understanding between operator and subject, and the tricks of the juggler made use of to deceive the public. So also in the so-called muscle reading, or finding small objects while apparently blindfolded. I say apparently blindfolded. I have watched these men operate, and my opinion is that the handkerchief is always placed so that they can see. Let all incredulous physicians request permission to blindfold the operator, and my opinion is he will fail.

Dr. Carpenter, in writing on metamorphoses of personality in the hypnotic state, says: "So again, the loss of the sense of personal identity or the actual change of personality, which the biological operator asserts that he is able to induce, and of which the writer has seen some very amusing and (he is satisfied) genuine cases, the mind not being able by any effort of its own to escape from the idea thus forced upon it. Mr. A. is repeatedly assured that he is Mrs. B., or Mrs. C. is made to believe she is Dr. D. The metamorphosis is usually complete when made, and nothing can be more remarkable than the assumption of the tone, manner, habits of thought, forms of expression, and other characteristic peculiarities of the individual whose personality the 'subject' has been made to assume." He goes on to say that "not by any means are all biologized 'subjects' capable of being thus affected."

Dr. Carpenter asserts that the common sense of the individual does not detect the absurd perversion. How long would it take Mr. A. to find out that he is not Mrs. B.? or Mrs. C. that she is not Dr. D.? Is it not common sense to presume that these subjects had a slight proclivity to deceit, and that they enjoyed taking in, perhaps, older and wiser people?

Is there anything more extraordinary about this acting than is commonly observed by every physician of large experience, in which they have been imposed upon by patients feigning disease, deceiving both medical attendant and friends? Can we not find metamorphosis of personality every day upon the stage?

I had two young men illustrate metamorphosis of personality. And the voice, gesture and manner so completely represented two different and well known individuals that almost the entire audience recognized the characters represented.

Would it be reasonable, from a common sense point of view, to believe that Dr. Carpenter's subjects were hypnotized, when the same thing can be done without hypnosis?

Those practising and professing hypnotism are usually honest in their belief of its effects, but all writers on the subject are agreed that it is hard to tell, in many instances, where deceit begins and ends. By considering the states first mentioned, in order to guard as much as possible against all sources of fallacy, as only illustrating the true hypnotic state, it will be more easily diagnosed, and much confusion avoided. That a man does not open his eyes, or unclasp his hands, or lower his arms, when he is told that he cannot, does not prove that he cannot do so. Common sense would say, when he fails, that it is a very plain case of pretense. When one pretends that his clothing is on fire, or that he is fishing, or that he sees any object represented to him, it does not prove that he is under any mysterious influence, but from a common sense point of view proves that he is willing for the time to assume the role of an actor. We would rather trust our sense than our senses. "The conjurer can pour out scores of glasses of different kinds of wine from a single bottle, but we know that he must do this from a larger store, which he dexterously conceals from view."

And while many operators honestly claim to produce the hypnotic effect, and many subjects claim to have been hypnotized, we have a right to reject the most truthful and honest witnesses as to asserted phenomena which are in opposition to the plain rules of common sense. We have a right to assume that the parties have been acting until the contrary is positively proven.

Hypnotism has been called by some "sug-

gestion." It is absurd to assume any relation. Suggestion runs through every hour of our existence. It begins with conception and ends only with death. It has been used since the creation of Adam to the present moment by the layman and the physician.

From the foundation of medicine up to our present time, suggestion, *i. e.*, the influence of the physician on his patient, has played, and always will play, a considerable role in the result of the treatment which he orders. It is a fact that certain beings have influence over their fellows; but it is a normal influence, which only attains its highest stage of development with physicians when there is implicit confidence between patient and physician.

"As we travel along through life's journey we catch a strain from a whistling schoolboy, and straightway we are among the scenes of our childhood. Or it is the buzz of a droning housefly that sits us at our father's fireside again after the lapse of long years; we do not notice the little creature, but it is he that has set before us once more the sainted image of him or her from whom we have drawn so much of our best incentives. We have ever playing about us unnoticed commonplaces, which are in effect the healers and helpers, the quickeners, the strength and the joy of the hours and years. Dull, humdrum and mechanical indeed would existence be without these involuntary associations and suggestions, coming we scarcely know whence, going we hardly divine whither." As Wadsworth to the butterfly—

"Stay near me, do not take thy flight;
A little longer stay in sight!
Much converse do I find in thee,
His orian of my Infancy.

"Float near me; do not yet depart!
Dead times revive in thee;
Thou bring'st, gay creature as thou art,
A solemn image to my heart—my father's family."

In preparing this article I have consulted the following works: Mental Phys., Carpenter; Mesmerism, Spiritualism, etc., Carpenter; Ref. Hand. Med. Science, Epidemic Delusions, A. N. Craft, A.M., Annual 1892, 1893, 1894; Moll on Hypnotism; Dr. Cocke on Hypnotism.

"An Exhibition of Miraculous Cures."

Medical Record.

An exhibition of miraculous "cures" has been taking place in Paris. Fifteen persons who declare that they were miraculously cured at Lourdes of terrible diseases presented themselves for inspection at a lecture given by Dr. Boissarie of the Bureau des Constatations at Lourdes. Dr. Boissarie's object was to refute various statements made by M. Zola in his book on Lourdes, and in order to prove that the cures which take place at the scene of Bernadette's vision are truly miraculous he brought from various parts of France fifteen persons healed within the last two or three years at Lourdes of diseases which medical science had pronounced incurable. Among these was the young woman, Marie Demarchand, who figures in M. Zola's book as Elsie Rouquet. She went to Lourdes horribly disfigured with lupus, which had partly destroyed her nose and mouth and had spread over her whole face. Zola gives a realistic description of her appearance, which is anything but pleasant reading. It was, nevertheless, read at the meeting, and then Marie was asked to stand up and show her face. As she did so there was a general exclamation of wonder. The victim of lupus whom the doctors had abandoned had become again quite a pretty, fresh-faced country girl, whom medical men declared to be perfectly healthy.

Another subject was a man who was pronounced at the Salpetriere Hospital to be suffering from paralysis and blindness, caused by atrophy of the optic nerves. He went to Lourdes, and recovered his sight and health instantaneously. Then there was a girl who was cured of a cancer which was so bad that a surgeon refused to operate upon it, and another of a wound in the foot caused by caries of the bone. This procession of "miracules," and the medical diagnoses and certificates which were read, produced an extraordinary impression. The audience was largely composed of doctors and medical students.

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Topeka, Kansas, Saturday, July 13, 1895.

Student Practitioners.

The recent graduate who locates in a large city, after months, perhaps years, of waiting for business, feels that he has missed his calling. Every physician would like to be great. It is a worthy ambition to be renowned in the profession, but we must not forget that renown does not mean simply a large practice. Many men can boast of a large practice who have but small knowledge of the science of medicine. The men of renown are those who have made some important discovery, who have by careful study reached some definite and well defined explanation of a disease hitherto not understood. This field is still open. There are many conditions which still baffle the skill of the best practitioners which have so far never been thoroughly defined, either in their etiology or pathology. The busy practitioner has little time to investigate these things. He whose time is completely occupied with the treatment of disease has but little time for the study of its pathology.

The medical profession might be divided into two great classes: the student and the practitioner. We don't mean by this those who are just preparing for the field of medicine, nor do we mean that the practitioner cannot be a student. But there are those who have become renowned through the constant study and investigation of some one class of disease, and on the other hand we have those who may claim notoriety from the extent of their practice or the success of their operations. The surgeon must be an investigator, and each operation is to him, to a certain extent, an experiment, but to the student of pathology he owes not only the successful management of his cases but also his knowledge of the true nature of the various lesions.

The general practitioner may have gained renown from the successful management of his cases, his treatment may be in every sense scientific from the accepted pathology of the disease, but how readily he changes his methods upon the report by a Koch or Pasteur of a new pathology. The students are the architects and the practitioners are the builders.

Remind the young or the old practitioner who appears to be suffering from a-nothing-to-do condition that glory awaits him if he but apply himself in some definite line of work. What credit and honor will reward the man who will clearly define the etiology and pathology of purpura hemorrhagica? Yet this would be of minor importance to those discoveries yet to be made in the hundreds of diseases now so poorly understood. If there is no room for us among the practitioners let us not forget that there is an open field among the students, and if we have brains and energy our success may be greater than in counting the number of

laparotomies or other operations we have done.

Too much attention has been given to the treatment of disease and too little to its pathology. There are now hundreds of remedies applicable to every condition. There are hundreds of remedies recommended for diseases of which we really know nothing whatever outside of their symptomatology. Vomiting of pregnancy was for many years a dumping ground for all the remedies that could not be better applied. A few years ago a medical student who did not remember the therapeutic properties of a drug stood a hundred chances to one of being correct if he answered that it was applicable in vomiting of pregnancy. The development of mono-pharmacy is *pari passu* with the growth of our knowledge of disease. Shotgun prescriptions are evidences of ignorance. It is utterly impossible for the ordinary man to keep up with the creation of new drugs, and if he attempts to do so his knowledge of disease must soon fall behind. It would be a good rule never to use a drug till we are perfectly familiar with its chemical formula and its definite physiological action, and then apply it only in those cases in which we could accurately determine the effects. We would need fewer remedies then, and we would get better results from those we do use. In our ambition to keep up with the manufacturer we have lost sight of some of the most valuable therapeutic properties of some of the drugs with which we claim to be familiar. It would pay us occasionally to retrace the steps we have gone over and see what good things we have left behind.

THE Eastern Kansas Medical Society met in Topeka July 9. A good program had been prepared, but as some of the authors were not able to be present it was necessarily somewhat short. Some valuable papers were read, and a most interesting talk by Dr. Halley on the medicinal treatment of abdominal inflammations made up for the lack of papers. The Eastern Kansas is one of the best societies in the State and should receive more encouragement and better attendance than has been accorded it of late. The papers and discussions will be published next week.

DR. J. B. HIBBEN, of this city, for several years city physician, has recently received the distinguished honor of being appointed head physician of the Modern Woodmen. Dr. Hibben is a man who appreciates thoroughness in examinations for insurance and will doubtless make a record for himself.

DR. BRANSFORD LEWIS, of St. Louis, having resigned his position with the Missouri Medical College, has been elected professor of genito-urinary surgery at the College of Physicians and Surgeons, and genito-urinary surgeon to the Baptist Hospital.

Obituary Tribute to Dr. W. O. Barnett.

At a meeting of the physicians of Wellington, held at the office of Dr. W. M. Martin this morning, Dr. C. E. Elliott was called to the chair and Dr. W. M. Martin appointed secretary. All the physicians of the city were present. The object of the meeting was stated by the chairman.

On motion a committee consisting of Drs. Hunt, Freeman and Forbes was appointed to draft resolutions expressive of the sense of the meeting with regard to the death of Dr. W. O. Barnett.

The following preamble and resolutions were offered and unanimously adopted:

Whereas, It has pleased the Almighty, in the dispensation of an inscrutable providence, to summon away from his chosen field of labor in the prime of his usefulness and efficiency Dr. W. O. Barnett, who departed this life at his home on Sunday evening the 9th instant; and,

Whereas, We, his associates and cowork-

ers, deem it appropriate to the occasion to afford some expression as to the estimation in which he was held by the profession, as well as of our own feelings in relation to the sad event; therefore

Resolved, That we, the associates and fellow-physicians of Dr. W. O. Barnett deplore, in common with the whole community, the melancholy occurrence of his death, in the meridian and prime of his life; that we join in attestation of his many admirable qualities and traits, both as a man and as a physician. In his manner he was affable and social; in business he was honest, and possessed of undeviating integrity; as a citizen he was loyal and true to his convictions; as a friend, earnest and sincere; as a physician, capable, candid and fair; as a husband and father, tender and affectionate almost to idolatry.

Resolved, That we join in the offer of our heartfelt sympathy to his bereaved family and sorrowing friends, while we commend them to the Great Physician for that solace which He alone can afford.

Reslved, That a copy of these proceedings be furnished to his family, and others supplied to our city papers of Wellington and to the Kansas State Medical Society and Southern Kansas Medical Society, with a request to be published.

C. E. ELLIOTT, *Chairman*.
W. M. MARTIN, *Secretary*.
Wellington, June 10, 1895.

Feeding by the Rectum

British Medical Journal.

Though the following does not come strictly within the scope of medical or surgical diseases, still it is of such importance that it is reproduced here.

It is stated that the clinical value of rectal nutrition was established by Voit, Bauer, von Eichhorst, and others. Egg albumen, with or without preliminary peptonization, is absorbed and assimilated by the mucous membrane of the large intestine. For direct absorption milk is well suited. According to some, egg albumen is best when first mixed with salt (1 gram to the egg), though Ewald attaches no value to it, thinking that the peptonization is the most important. Better still is Huber's combination of the two methods: six eggs are mixed with six grams of salt, and 200 c.cm. of a 0.15 per cent. solution of HCl, containing 5 grams of pepsin, and the mixture is kept for ten hours in the warm chamber. Of this mixture, nutrient enemata may be given twice daily. Rectal feeding is still insufficiently employed in practice, partly because it is sometimes disagreeable, partly also, perhaps, because this method of nutrition has not quite fulfilled the somewhat exaggerated expectations at first entertained of its utility. Singer thinks that after hemorrhage from a gastric ulcer rectal feeding should be resorted to for some days. It diminishes the likelihood of a recurrence of the hemorrhage by doing away with the irritation caused by the presence of food, and by giving the stomach physiological rest, with freedom from the peristalsis and hyperemia accompanying digestion; it is at the same time a treatment for the troublesome vomiting of gastric ulcer, with or without hemorrhage. The nutrient enema should not consist of more than a quarter of a liter. Singer has practically kept to the mixture recommended by Boas, and uses 125 grams milk, 125 grams wine, the yolk of two eggs, mixed with a little salt and a teaspoonful of Witte's peptone; he sometimes adds a little grape sugar. The mixture is well beaten up, and an ordinary enema syringe furnished with a soft tube is used to inject it. The nutrient enema may be given three or four times daily at intervals of four to five hours. The rectum must be cleaned out with enemata before each nutrient enema is given, and neglect of this precaution is a common cause of symptoms of rectal irritation. Singer recommends after each nutrient enema the administration of a suppository containing 0.15 grain of extract of opium; when there is great tendency to tenesmus, eight to ten drops of tincture of opium with the other ingredients of the enema. It is very seldom that the enemata are not retained, but in this case the preparation of the mixture may

be at fault; there may be too much salt, or an unsuitable ready-made peptone preparation may have been used. The patients with hemorrhage from gastric ulcer were kept in bed and nourished solely by the rectum for four to eight days. Singer says that recurrence of the hemorrhage took place only when patients secretly took solid food before they were allowed. When there is much pain a mixture containing subnitrate of bismuth and chloroform can be given by the mouth. Excessive feeling of hunger and thirst can be treated by a little opium (better than cocain), and 200 c. cm. of water (for thirst), but if the thirst be excessive, owing to diarrhea, more fluid may be given. Singer also recommends exclusive rectal feeding to be tried in some cases of dilatation of the stomach, in some gastric neuroses including excessive vomiting of pregnancy, and after some abdominal operations. In cases of typhoid fever he thinks that he has diminished the great loss of weight by feeding patients by the rectum, in addition to the ordinary feeding by the mouth. Enemata containing alcohol and tea may be useful in collapse during acute diseases, and where alcohol cannot well be administered by the mouth.

Digestion in Young Children.

The Times and Register.

The communication of Huebner on the feeding of young children gives a special interest to the chapter which Ballantyne devotes to his book, to the physiology of the digestive system in children.

He says: "Digestion in the child differs from that of the adult, so that the problem often becomes very difficult. If we were in possession of a complete knowledge of the chemical phenomena taking place in digestion in children we would be in a better position to treat cases of disorder of this function.

Ballantyne studies successively digestion in the mouth, stomach and intestines.

Buccal digestion.—During the first six or seven months the food is hardly at all modified in the mouth. There being no teeth, there is consequently no mastication to speak of, and as the food usually consists of milk the absence of teeth is immaterial.

The salivary secretions are almost absent in the first weeks; until the third month there is little salivary secretion, but from this time the buccal glands are active.

The saliva of the child, like that of the adult, has the peculiar action on starch to an extent. During the first months there is not ptyaline sufficient to transform starch into dextrine and glucose, although the action continues in the stomach.

As the child grows the salivary secretions have an increased action, and after the eruption of the teeth the process is about the same as in the adult.

Stomach digestion.—The capacity of the stomach is a question of importance. During the first months it increases rapidly and thus more slowly. Frolowsky says the capacity at birth is about one ounce. If this is represented by the figure 1 the capacity will be 2½ in the fourth week; 3 1-5 in the eighth week; 3⅓ in the twelfth week; 3 3-5 in the twentieth week. Snitzkin says the capacity is in direct ratio of the weight of the child.

Hydrochloric and Pepsin.—The former only appears about one-half hour after taking of food. In the absence of it the stomach contains lactic acid and other organic acids. When the child is taking milk alone this acid is furnished in large quantities, and its presence is due probably to a special ferment.

Reichstein has shown that in digestion in adults, a few minutes after taking milk, clots of caseine are found in the stomach with a certain quantity of parapeptones and traces of lactic acid. Starting from this lactic acid increases and then HCL and peptones take its place, digesting the coagula of caseine and parapeptones. When milk is given boiled the process is quickened, and this is also the case in presence of water. This shows the necessity of adding water to the food of infants. The result of these transformations is the production of chyle, which contains an acid liquid, fats and fatty

acids not yet transformed.

In children nourished at the breast few bacteria are found, but in those fed artificially germs are numerous.

Hepatic secretion.—The large size of the liver in young children is a proof that it plays an important part in digestion. Its functions are but imperfectly known, however. It is probable that the bile acts in children in much the same way as in adults.

The pancreatic secretion contains three ferments—trypson, stea-pepsin and amylopsine.

Intestinal digestion.—The secretions of the glands of Brunner and Luberkuhn in addition to those of the liver and pancreatic convert the chyine into chyle. Peptones, sugars and fats pass easily into the blood current, probably because the glandular tissue is so abundant. The mineral salts are not well absorbed, as is shown by the fact that the stools contain the greater part of the amount ingested. The nitrogenous elements, on the contrary, are so well absorbed that no traces of them exist in the stools.

Rectal absorption in the child.—No digestive process occurs in the rectum, but the absorption of what has escaped the upper portion of the intestines still goes on. Albumenoids and fats to an extent are absorbed, but of course the proportion as compared with the other parts of the tract is small.

Feces.—Defacation is frequent in infants. During the first week three or four stools a day are normal, and at the end of the second year there are usually two stools a day. After this age there is generally but one in the twenty-four hours; so that to decide whether there is diarrhea or constipation it is requisite to recall to mind the normal number of stools at the given age. The appearance and decomposition of the stools vary also according to age. In the new-born child during the first two or three days the stools consist of the meconium with which the intestines are filled at birth. This is made up of the hepatic, pancreatic and intestinal secretions, and by-substances swallowed by the child, as ammotic liquor, hairs, sebaceous matter. It is always free from putrefaction products, as indol and phenol, and is devoid of bacteria. These, however, soon make an appearance after birth, but differ altogether from those bacteria resulting from the digestion of milk, and they disappear as soon as the digestion of milk commences. The stools of children fed on milk exclusively are of a pale yellow color, semi-liquid and of a stale odor. They contain from 84 to 86 per cent. of water. In health they contain neither tyrosine, indol, phenol nor scatol, but they contain bacteria, principally the bacteriun lactis and B coli. If other food than milk is taken other bacteria are present. The bacteriological diagnosis of stools is at present impracticable, owing to the diversity of opinion of different authors.

Diagnosis and Treatment of Tertiary Syphilis.

International Medical Magazine

In the treatment of tertiary syphilis iodine and its compounds are mainly to be relied upon, but mercury fulfils an important indication and cannot be omitted. The ordinary treatment with iodine of potassium is usually sufficient, though very frequently the dosage is entirely too small. Patients with gumma frequently do not respond to ordinary doses, and it must be pushed to an extent that is limited only by the endurance of the patient's stomach. All the devices of the recumbent posture, counter-irritation over the epigastrium, the administration of the drug in milk, and with ice, must be employed to get as much as possible of the drug into the system; and the rectum, which absorbs the iodine very well, must be called to our aid. The iodide of sodium is sometimes borne when the potassium salt is not. Or the new iodide, that of rubidium, may be used. It costs more than the commoner salts, but that is a thing hardly worth considering when it is a question of saving tissues and organs from destruction. It has not nearly the disturbing effects on digestion that the potassium and sodium salts have, and it can therefore be borne in larger doses. Dr. Gotthiel has not observed the

disturbances of the circulatory apparatus and the depression of the heart, which are so baneful when large doses of potassium iodide are exhibited. It is a valuable addition to our armamentarium in these tertiary-syphilis cases.

Coincidently with the iodides mercury must be employed in small doses, and in bad or refractory cases the employment of the soluble salts by hypordemic injection is an important and valuable resource.

As regards the local treatment, its main lines are as follows: The non-ulcerated gumma should be covered with mercurial plaster, even when fluctuation is distinctly apparent, since resorption takes place sometimes even under those circumstances. If ulceration has occurred, iodoform in the shape of a powder or an ointment is to be used.

If, however, the destructive process is active, and the gummatous ulceration advances in spite of our efforts, it is proper to attempt to stop it by an energetic cauterization of the infiltration that forms the advancing margin of the gummatous sore. In exulcerating gummata of the trunk and the extremities caustic potash in stick should be freely employed, the tumor tissue being thoroughly bored into and cauterized. For the smaller ulcerations of the face, buccal cavity, etc., the nitrate-of-silver stick can be employed in the same way.

It is of the greatest importance, in these localities, to stop the ulcerative process as soon as possible; and if necessary either the Paquelin cautery or the galvano-caustic point should be employed.

The Darker Side of Surgical Technique.

George Franklin Shiels, M.D., in Occidental Medical Times.

We all recognize the wonderful advances in surgery, gynecology, obstetrics during the past twenty years, and are willing to give the larger share of credit to those who have established asepsis and antisepsis on a firm basis; in fact, surgery has been revolutionized.

All things done should have a reason for their doing, and some of the reasons for writing this paper are the following:

1. While acting as a skillful witness, in a malpractice suit against one of our leading surgeons, the counsel of the opposite side asked me the following question, which deserves our consideration: "Doctor, does this new antiseptic and aseptic epoch justify you in cutting and slashing the human body anywhere and everywhere?"

2. While reading the American Text-Book of Gynecology, I was struck by the lack of true anatomical and pathological teaching, and the small space given to the subject of diagnosis. The whole book seemed to be written on the basis that if you operate according to the chapter on technique, all will be well.

3. In a recent account of hysterectomys performed by a female surgeon of our city, I was struck by the writer's naive way of telling how she "nicked the bladder," or "perforated the intestine," how she "stitched," and all was well because of perfect aseptic precautions. Let us not multiply reasons. Personal observation tells us that people who are in no way fitted to be surgeons are carving their way, working on the knowledge gained by reading books full of plates, and aided by the belief that, if they use asceptible instruments, and render themselves aseptic "by going through the solutions," they may cut with impunity.

The condition of the patient, the diagnosis, the prognosis, most important of all to the patient, are to these operators of little moment. So long as the wound heals kindly, the mutilation is hidden by a mass of cicatricial tissue.

In obstetrics, the aseptic and antiseptic technique has been carried to a positively cruel extent. Parturient women are shaved, douched, scrubbed and mauled, to prepare them for a perfectly physiological process in the face of the fact that the danger is in the obstetrician and not the patient. This is proven by Dr. Hermann of the Mannheim Lying-in-Hospital, who avoids all internal disinfection and only lays weight on the perfect asepsis of the attendant's hand and in-

struments, with the result that in 1,300 cases he had but one death from sepsis.

In conclusion, I will apologize for dwelling on these evident facts and will urge as my excuse an honest conviction that it is only by drawing attention to the darker side of these methods, which have rendered the progress in surgery perhaps the crowning glory of the nineteenth century, that we can hope to hand it down to our successors free from anything which might detract from its luster.

Drifting in Ethics.

New York Medical Journal.

At a recent meeting of the American Academy of Medicine Dr. Leartus Conner, of Detroit, read a paper entitled "Drifting: Who, How, Whither?" We extract the following passages from advance sheets of the *Bulletin of the American Academy of Medicine*:

The first extensive revolt against the written law under consideration occurred in New York. It was preceded by an extremely bitter conflict and caused not a few ripples in the American Medical Association. The result of this revolt was that the friends of the written law established the New York State Medical Association and retained their allegiance to said law, while the opponents captured the old State Society, abrogated the written and returned to the unwritten law. To many this seemed a revolutionary proceeding, but when it is remembered that the revolting faction simply returned to the first principles of the medical profession, principles which satisfied the profession during thousands of years, the matter assumes a different aspect. The reformers only abrogated the written law of 1847, preferring the larger individual liberty of the profession anterior to that date. Previous to this, Massachusetts had a contest along similar lines, which resulted in affording sectarians equal rights with regulars and turning popular prejudice against the medical profession.

The Mississippi Valley Medical Association gives its members entire freedom in the matter of consultations. Other medical societies, in various places, have taken similar action, notably in Chicago, Cleveland, etc.

An extensive knowledge of the habits of prominent physicians leads to the conclusion that a fat consultation fee is rarely refused because the attending physician is a sectarian. Personally the writer has often been told by colleagues that he was a fool because he regarded it as a matter of gentlemanly honor to obey the spirit and letter of the law of consultations while he retained membership in societies having this law as a condition of membership.

Another marked illustration of this drifting was seen when a committee of its own appointment reported to the American Medical Association that it favored such alteration of the code of ethics as would permit consultations between all physicians properly educated, legally qualified to practice medicine, and of honorable reputation in the place where they lived. When it is remembered that the committee so reporting individually obey both the letter and spirit of the code bearing upon this point, it will be evident that their report indicates a drifting of the medical profession.

The drifting is further seen in that regulars and sectarians work side by side on boards of health, State and local, and on boards of other State institutions. This very imperfect sketch shows that, whether we like it or not, the fact cannot be disguised that the professional relationships of regulars and irregulars are, at many points, multiplying and extending. If, finally, through these relationships the sectarians shall be swallowed up by the medical profession, history will simply repeat itself. Within the memory of living physicians specialists of all sorts were ranked as "irregular," and with them were classed "practitioners of massage," "electro-therapeutics," "hydro-therapeutics," etc. Now work in these fields is regarded as the most honorable, and the workers receive the largest returns in money, honor and fame.

Whither does this drifting tend? The history of the past and the logic of existing so-

cial forces point to but one result—viz., the absorption of all ideas that are true and helpful, and all persons who are honest and of good report, into the medical profession. To this end larger liberty will be accorded the individual physician. He will be permitted to choose his professional associates from among those whom he knows to be properly educated, legally qualified to practice medicine where they reside, and of good report. Qualifications other than these will be regarded as purely local in their necessity and temporary in their existence, and to be controlled entirely by the individual physician. It were wiser to object to a consultation with a physician because of known ignorance, lack of skill, dishonest methods, disreputable character, than because of his sectarian name. Objection on the first ground is readily understood by any layman, but objection on the second fails to commend itself to most persons, and not infrequently brings the objecting physician into discredit.

Rare Form of Antipyrin Rash.

British Medical Journal.

In *La Presse Medicale*, of February 16, a rare eruption, caused by antipyrin is recorded. The patient, aged 30, and very fat, was seized with violent, even unbearable, pains in the head whilst at the doctor's residence, for which 15 grains of antipyrin were given. His urine contained a little sugar (225 grains in the twenty-four hours) and traces of albumen. He also presented an old and obstinate psoriasis in the seborrheic regions (scalp), scrotum, gluteal folds, palms of the hands, umbilicus, etc. Exactly four to five minutes after the ingestion of the remedy, he was seized with tinglings over the whole body, then a most intense, intolerable itching, with desire to scratch himself. His face became red, his eyes filled with tears, a keen sensation of heat was experienced, his pulse noted 120 to 130 pulsations, at the same time red patches appeared on his neck, then on his back. On the morrow, after a sleepless night, there was the same febrile state, the same pruritus. The eruption at its height consisted of a collection plaques of a bright inflammatory redness, scattered at all points of the body, without special localizations, without marked symmetry. In general round in shape, these plaques were mostly of the size of a 5 franc piece. They formed a slight relief and in their neighborhood the skin was perceptibly hotter. Taken between the finger and thumb these lesions, in no way painful, gave the sensation of a pretty deep thickening of the skin; their evolution was rapid. On the second day after the febrile state had disappeared, the itching diminished progressively, to disappear on the eighth day. Most of the plaques grew pale, became covered with slight scales, and disappeared in fifteen days. Some of the largest ones presented in their center an epidermic upheaval (abortive bulla), and were a little longer in disappearing. The patient afterward stated that years before a dose of antipyrin had given him similar trouble. The eruption described differed from a nodose polymorphous erythema in the abruptness of the onset, the tingling and pricking over the whole cutaneous surface, in the itching preceding the eruption and in the eruptive elements being more numerous, less prominent, painless, and with rapid evolution.

Antikamnia—Quinine—Salol.

The well known therapeutical properties of these drugs make this combination desirable in such intestinal affections as fermentative dyspepsia, diarrhœa, dysentery, duodenal catarrh, cholera infantum, and typhoid fever. The antikamnia controls the pain as effectually as morphine, and yet is never followed with any of those undesirable effects so characteristic of opium and its derivatives. Freedom from pain saves an immense amount of wear and tear to the system and places it in a much better position for recovery. The salol acts as an antiseptic and removes from the intestinal canal the first or continuing cause of the affections just mentioned. The quinine acts as a tonic, increasing the appetite, and thus contributing much to a speedy recovery. Hare says that Quinine is not only a simple bitter, "but also seems to have a direct effect in increasing the number of the red blood corpuscles." A tablet composed of antikamnia two grains, quinine sulph. two grains, and salol one grain, allows of the easy administration of these drugs in proper proportionate doses.